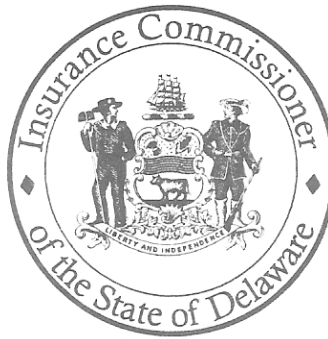


2C

Revised 11/06

Matthew Denn
Insurance CommissionerDepartment of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

PLEASE PRINT OR TYPE

REQUEST FOR AMENDMENT

PART 1 INDIVIDUAL LICENSEE IDENTIFICATION (Complete if an amendment is for an individual)

NAME _____

SOC. SEC. NO. _____ LICENSE NUMBER _____ BIRTH DATE _____

PART 2 BUSINESS ENTITY (Complete if amendment is for an existing business entity.)

NAME _____ DE LIC # _____

F.E.I.N. (IRS) _____ PHONE _____

PART 3 TYPE OF LICENSE (Producer, Adjuster, etc.) _____**PART 4 AMENDMENT REQUEST** (A duplicate license will be issued for all amendment requests.)Are you applying as a Delaware Resident? ☐ Yes ☐ No_____ **A. Change of Address** (Every license holder must notify the Department of any change in address within 30 days. Note: A new license will not be issued unless a duplicate license is requested – see below.)**Residence Address Information**

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Business Address Information

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS E-MAIL ADDRESS _____ BUSINESS WEBSITE ADDRESS _____

Mailing Address Information

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____

_____ **B. Change of Name** (Proof of name change is required for an individual/firm and a **\$10 fee.**)_____ **C. Add the following Line(s) of Authority. (\$10 fee required.)****PART 5 DUPLICATE LICENSE REQUEST**_____ Check here to request a duplicate license (**\$10 fee required.**)

Signature _____

(Typed Name/Phone) _____